



**Annual 2008 VA/DoD Joint Venture Conference
Key West VA/DoD Joint Venture
Naval Medical Clinic Key West/Miami VA
Health Care System**

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Agenda

- Brief overview of sharing relationship
- Describe one aspect of your sharing relationship that is most successful.
 - What is the sharing arrangement?
 - What makes it successful?
 - What are the reimbursement methodologies used?
 - What challenges/barriers occurred?
 - How were they solved?
- Other best practices at the Joint Venture
- Lessons Learned (New Joint Venture)
- Contact Information



Brief Overview of Sharing Relationship

- **Where you are today?**
 - Daily work routine is productive for the team.
 - Communication and brain-storming occur at each cross roads we make.
- **Goals**
 - Maximize mutually beneficial relationship
 - Look for opportunities to share and grow
 - Pursue the Laboratory Data Sharing Initiative (LDSI)
 - Pursue Linkage of Radiology Images in CPRS



What is Successful

What is the sharing relationship?

VA supports the DoD via :

- Mental Health services
- Physical Therapy services

DoD supports the VA via:

- Pharmacy services
- Lab services
- Radiology services



What is Successful

- What makes it successful?
 - Co-located together and share the one team concept
 - Share resources/Train together
 - Meet weekly with local Miami team
 - All staff check in with both teams
 - All staff celebrations and recognitions include both teams



What is Successful

- What are the reimbursement methodologies used?
 1. All services will be reimbursed based on 90% of CMAC rate for the Miami Florida area .
 2. All additional test such are billed at 90% CMAC rate (this includes mental health & physical therapy, referred by DoD to VA).
 3. Lab tests which are not processed at Key West are billed at the contract lab negotiated cost



What is Successful

1. What challenges/barriers occurred?

- Since 2005, Lab workload was not being captured for VA, presently specimen collection done at BHCKW level, VA has courier transport specimens daily to Miami. This creates direct input into CPRS for results but no documentation in CHCS for DoD to count workload and generate billing.

2. How were they solved? Addendum to MOU with supporting documentation of actual lab work completed. Manual counts are sent to the business office for billing and reimbursement. VA received its first bill for lab workload in February 2008



Other Best Practices at the Joint Venture

- **Each Organization**
 - Credentials its providers
 - Maintains CQI
 - Meets JCAHO requirements
 - Provides computer assets
- **Additional Benefits**
 - Navy provides building security services
 - Navy provides BLS and ACLS training
 - VA provides Teleconferencing and patient restraint training
 - Professional Collaboration



Lessons Learned

Need to increase communication:

- Continuity of care (between providers)
- Building and maintaining good relationships

How is this achieved?

- The VA/DoD Leadership Team meets quarterly and communicates via e-mail as needed.
- The VA team participates in all Clinic events to include staff appreciation day, all hail and farewell luncheons etc
- VA and DoD leaders communicate on a daily basis



New Joint Venture Initiatives

Opportunity #1: **Teleretinal clinic:**

- Proposal to share equipment : Navy will provide a provider and operator, scans will be sent to JAX for reading on Navy patients: VA will provide an operator and will send scans on VA patients to Miami for reading
- VA will provide training and certification. **Pay back:** split maintenance costs and use of Navy Tech
- Results: this will enhance the sharing agreement and ensure continuity of care and open communication between the two entities



New Joint Venture Initiatives Continued



Opportunity #2: Pulmonary Function Equipment

- Navy has machine: Need to address patient demand, forecast utilization rates, cost to VA, cost to DoD if sent to network and total cost savings
- Need to look at credentialing if patient population is mixed i.e. if VA provider sees DoD patient.
- Need to look at adding VA provider as a Network provider if the intention is to truly share resources



New Joint Venture Initiatives

Opportunity #3: Audiology Equipment utilization

- Navy has machine: Need to address patient demand, forecast utilization rates, cost to VA, Cost to DoD if sent to network and total cost savings
- Need to look at credentialing if patient population is mixed i.e. if VA provider sees DoD patient.
- Need to look at adding VA provider as a Network provider if the intention is to truly share resources



VA/DoD Team

One Team, one concept!





Questions?

